

## PERSONAL & CONFIDENTIAL

Dear Client:

I have received the results of the HIV-related tests, which we obtained in order to underwrite your recent application for insurance with [Name your Insurance Company]. This is to inform you that because the results of the HIV-related tests are positive, [Name your Insurance Company] is unable to offer you insurance at this time.

At the time of application, you indicated that I should forward this medical information directly to you. I am complying with your request. I strongly urge you to contact a physician or trained professional, with whom you can discuss the significance of these test results.

According to Vermont law, if you are denied insurance because of the positive results of an HIV-related test, you may make one request for a re-test at anytime within three years from the date of these test results. This re-test will be at the expense of our insurance company. Additionally, if, at any time, a new laboratory HIV testing algorithm for serum or plasma specimens test is recommended by the Centers for Disease Control and Prevention, you may ask that we provide you with a re- test, using the new type of test. You would simply need to send a written request to the Medical Department of [Name your Insurance Company] at the above address.

If such retest is negative, a new application for coverage shall not be denied by the insurer based upon the results of the initial test. Any underwriting decision granting a substandard classification or exclusion based on your prior HIV-related test results shall be reversed, and the company performing any previous HIV-related testing that had been forwarded to a medical information bureau reports based upon your prior HIV-related test results shall request the medical information bureau to remove any abnormal codes listed due to such prior test results.

This information, as with all information obtained in the underwriting process, is highly confidential and will be released only in accordance with the procedures stated in the information statement you signed.

I have enclosed a copy of the information statement read to you by the agent at the time of application. This will provide you with some additional guidance until you have had the opportunity to review your test results with a trained professional or your physician and will explain why and identify who else could receive copies of these results.

Should you or your physician have further questions, you may contact me at the above address, the Vermont Department of Health or the Centers for Disease Control and Prevention at the contact numbers provided on the enclosed information statement.

Sincerely,

Chief Medical Director  
[Name your Insurance Company]

[Co.'s Secondary Form No. if desired]

Enclosure

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